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Date:	February 9, 2005	Total pages:	79 (incl. cover sheet)
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Our Docket No.	MIT 7501	Telefax:	404-879-2160
Your Docket No.		Client/Matter No.	701350/41

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MESSAGE:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Campbell Rogers, Elazer R. Edelman, and Daniel I. Simon

Serial No.: 08/823,999 Art Unit: 1644

Filed: March 25, 1997 Examiner: Phillip Gabel

For: *MODULATION OF VASCULAR HEALING BY INHIBITION OF LEUKOCYTE ADHESION AND FUNCTION*

Transmittal Form PTO/SB/21, Fee Transmittal Form PTO/SB/17, Reply Brief to Examiner's Answer, Request for Oral Hearing Form PTO/SB/32, Twelve (12) Publications.

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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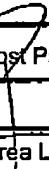
Total Number of Pages in This Submission

Application Number	08/823,999
Filing Date	March 25, 1997
First Named Inventor	Campbell Rogers
Art Unit	1644
Examiner Name	Phillip Gambel
Attorney Docket Number	MIT 7501

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ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
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<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
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<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Request for Oral Hearing <i>in publications</i>
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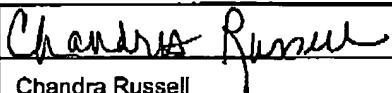
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Pabst Patent Group LLP		
Signature			
Printed name	Patrea L. Pabst		
Date	February 9, 2005	Reg. No.	31,284

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name

Chandra Russell

Date

February 9, 2005

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 750.00)

Complete if Known

Application Number	08/823,999
Filing Date	March 25, 1997
First Named Inventor	Campbell Rogers
Examiner Name	Phillip Gambel
Art Unit	1644
Attorney Docket No.	MIT 7501

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number 50-3129 Deposit Account Name: Pabst Patent Group LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) Indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

under 37 CFR 1.16 and 1.17

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Fee (\$)

Fee (\$)

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Fee (\$)

Fee (\$)

200 100

Multiple dependent claims

Fee (\$)

Fee (\$)

360 180

HP = highest number of total claims paid for, if greater than 20

Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims

26 - 26 or HP = 0 x 0.00 = 0.00 Fee (\$) Fee Paid (\$)

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) _____

3 - 3 or HP = 0 x 0.00 = 0.00 Fee (\$) Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	Fees Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Request for Oral Hearing for Small Entity (\$500) and Filing A Brief In Support of an Appeal (\$250) - Small Entity

\$750.00

SUBMITTED BY

Signature		Registration No. 31,284 (Attorney/Agent)	Telephone (404) 879-2151
Name (Print/Type)	Patreo L. Pabst		Date February 9, 2005

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